

FOR 24 HOUR EMERGENCY RESPONSE INFORMATION, CALL (206) 872-7859
(1024) 58589

05/14/96

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB no. 2050-0039. Expires 9-30-98

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. WAD980738546		Manifest Document No. 21665		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.									
3. Generator's Name and Mailing Address ALASKAN COPPER WORKS 628 S HANFORD						A. State Manifest Document Number											
4. Generator's Phone SEATTLE WA 98124 (206) 623-5800						B. State Generator's ID											
5. Transporter 1 Company Name Burlington Environmental, Inc.						C. State Transporter's ID											
6. US EPA ID Number WAD000001743						D. State Transporter's Phone (206) 363-3044											
7. Transporter 2 Company Name						E. State Transporter's ID											
8. US EPA ID Number						F. Transporter's Phone () -											
9. Designated Facility Name and Site Address Burlington Environmental, Inc. Kent 20245 77th Avenue South Kent, WA 98032						G. State Facility's ID											
10. US EPA ID Number WAD991281767						H. State Facility's Phone (206) 872-8030											
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.					
a. NON HCL WASTE, LIQUID (X)						No. Type 1 DM		55		G		9002					
b.																	
c.																	
d.																	
J. Additional Descriptions for Materials Listed Above a) HPQ 48167-02 - WASTE OIL, ANTIFREEZE - (HCL, OIL)						K. Handling Codes for Wastes Listed Above a)											
15. Special Handling Instructions and Additional Information P.O. #53322																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																	
Printed/Typed Name GERALD A. Thompson						Signature <i>[Signature]</i>				Month Day Year 5/22/96							
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name LAWRENCE V. DROZ				Signature <i>[Signature]</i>				Month Day Year 5/22/96			
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name				Signature				Month Day Year			
19. Discrepancy Indication Space																	
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.																	
Printed/Typed Name Sybilantha Delacruz						Signature <i>[Signature]</i>				Month Day Year 5/22/96							



PHILIP
ENVIRONMENTAL
CHEMICAL GROUP
WESTERN REGION

Recycling Solutions for Every Environment

FACSIMILE COVER SHEET

TO: Jason Thompson
COMPANY: Alaskan Copper
PHONE: _____
FAX: 382-4309

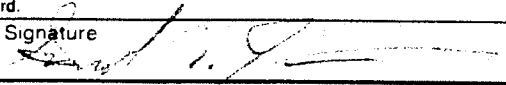
FROM: MARK FOSTER
COMPANY: PHILIP ENVIRONMENTAL
PHONE: (206) 227-7532
FAX: (206) 227-6187

DATE: 7-8-96
NUMBER OF PAGES: 2
(including cover sheet)

COMMENTS: Copy of manifest - (re-fax from
Ward.)
Thanks.
hf

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GENERATOR	UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. WA0960738546		Manifest Document No. 21665		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.			
	3. Generator's Name and Mailing Address ALASKAN COPPER WORKS 628 S HANFORD SEATTLE WA 98124							A. State Manifest Document Number				
TRANSPORTER	4. Generator's Phone (206) 623-5800							B. State Generator's ID				
	5. Transporter 1 Company Name Burlington Environmental, Inc.				6. US EPA ID Number WA0900001743		C. State Transporter's ID		D. Transporter's Phone (206) 383-3044			
	7. Transporter 2 Company Name				8. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone () -			
	9. Designated Facility Name and Site Address Burlington Environmental, Inc. Kent 20245 77th Avenue South Kent, WA 98032							10. US EPA ID Number WA0991281767		G. State Facility's ID		
								H. Facility's Phone (206) 872-8030				
	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)					12. Containers		13. Total Quantity		14. Unit Wt/Vol		
						No. Type				I. Waste No.		
	a. HM NON HCRW WASTE, LIQUID (1)					1 DM		G		W002		
	b.											
	c.											
d.												
FACILITY	J. Additional Descriptions for Materials Listed Above a) WPQ 49167-02 - - WASTE OIL, ANTIFREEZE - RECON (3)							K. Handling Codes for Wastes Listed Above a)				
	15. Special Handling Instructions and Additional Information P.O. #53322											
	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.											
TRANSPORTER	Printed/Typed Name GREGG A. Thompson				Signature 				Month Day Year 5 15 96			
	17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name				Signature		Month Day Year	
	18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name				Signature		Month Day Year	
FACILITY	19. Discrepancy Indication Space											
	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19											
Printed/Typed Name					Signature					Month Day Year		



- ☐ RESOURCE RECOVERY 1629 East Alexander Ave., Tacoma WA 98421 (206) 625-8630
☒ BEI PUGET SOUND 1629 East Alexander Ave., Tacoma WA 98421 (206) 625-8630
☐ BEI SAN DIEGO 8451 Miralani Dr., Suite A, San Diego, CA 92121 (619) 549-1090
☐ BEI ALASKA 1813 E. 1st Ave., Suite 201, Anchorage AK 99501 (907) 272-9007
☐ BEI HAWAII 1263 Manulani St., Kailua, HI 96734 (808) 263-4543
☐ SMALL QUANTITY SERVICES 1629 East Alexander Ave., Tacoma WA 98421 (206) 625-8630

BILL OF LADING

DATE <u>5-22-96</u>	BEGINNING MILEAGE <u>1771036</u>	ON DUTY <u>1000</u>	AM PM
DRIVER NAME <u>1-1471036 12 022</u>	ENDING MILEAGE <u>177452</u>	OFF DUTY	AM PM
VEHICLE NO. <u>204</u>	TRAILER NO.	COST CENTER	SHIPPERS NO. <u>21665</u>
SHIPPER / ORIGIN NAME <u>WASHOUGAL 625 SOUTH 32ND ST WASHOUGAL WA 98671</u> ADDRESS <u>625 S. 32ND ST WASHOUGAL WA 98671</u> CITY <u>WASHOUGAL</u> STATE <u>WA</u> ZIP <u>98671</u>		WEIGH INFORMATION GROSS TARE NET	
		FOR OFFICE USE ONLY MILEAGE / CONTAINER RATE FREIGHT	
QUANTITY <u>1-1471036 224 PER</u>	DOT PROPER SHIPPING NAME <u>HAZARDOUS 21665</u>	HAZARD CLASS	HAZ. MATERIAL I.D. NUMBER
		PLEASE PAY THIS AMOUNT →	

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation.

☒ [Signature] DATE 5/22/96

MANIFEST NO.	ORDER NO.	FROM	TO	TIME OUT	TIME IN	TRAVEL TIME	MILEAGE	GALLONS CAN
				AM PM	AM PM			
				AM PM	AM PM			
				AM PM	AM PM			
				AM PM	AM PM			
				AM PM	AM PM			

DESTINATION

NAME <u>BEI</u>	RECEIPT #
ADDRESS	
CITY	STATE
VEHICLE NO. <u>204</u>	TRAILER NO.
DATE <u>5-22-96</u>	
<input type="checkbox"/> LOADED	<input checked="" type="checkbox"/> UNLOADED
<input type="checkbox"/> RINSED	

- ☐ GEORGETOWN 734 S. Lucile St., Seattle, WA 98108 (206) 762-3362
☐ PIER 91 Building 19, Box C-105, 2001 W. Garfield St., Seattle, WA 98119 (206) 284-2450
☐ TACOMA 1701 E. Alexander Ave., Tacoma, WA 98421 (206) 627-7568
☐ WASHOUGAL 625 South 32nd St (PO Box 229) Washougal, WA 98671 (360) 835-8594
☐ KENT 20245 77th Ave S., Kent, WA 98032 (206) 872-7859

ARRIVAL TIME:

LOAD TIME: START:	AM PM	____ HRS. FREE TIME	UNLOAD TIME: START:	AM PM	____ HRS. FREE TIME
FINISH:	AM PM	____ HRS. CHARGEABLE	FINISH:	AM PM	____ HRS. CHARGEABLE

REASON FOR LOAD DELAY: _____

REASON FOR UNLOAD DELAY: _____

SIGNATURE FOR DELAY: _____

SIGNATURE FOR DELAY: _____

DRIVER SIGNATURE: _____

CUSTOMER COPY

AKC-0018000